



PART B - FEE(S) TRANSMITTAL

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04/10/2007

Eugene LeDonne
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29th Floor
599 Lexington Avenue
New York, NY 10022

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Ruth Montalvo	(Depositor's name)
<i>Ruth Montalvo</i>	(Signature)
June 19, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/645,197	08/21/2003	Hideo Ohira	501152.20020	7088

TITLE OF INVENTION: WATER BASE INK FOR INK-JET RECORDING

06/22/2007 WABDEL3 00000056 10645197

01 FC:1501		1400.00 DP				
02 FC:1504		300.00 DP				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	07/10/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
FAISON GEE, VERONICA FAYE	1755	106-031270

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Reed Smith LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Brother Kogyo Kabushiki Kaisha

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Nagoya-shi, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☒ A check is enclosed.
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1529 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Eugene LeDonne

Date

June 21, 2007

Typed or printed name

Eugene LeDonne

Registration No.

35,930

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Deposited on June 21, 2007

	DUE DATES:	APPLICATION NOS.:	DOCKET NOS.:
1	06/22/2007	29/252,273	KILBU P-86 500728.20106
2	07/10/2007	10/645,197	501152.20020
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